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SUPPLEMENTAL REPORT FROM THE COMMITTEE OF PRACTICAL MEDICINE.

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Read to the Illinois State Medical Society, June, 1867.

By special request of the chairman of your committee on practical medicine, it has become my duty to prepare a report especially for the eastern and southern portions of the State.

The constitutional provisions for our Society make it lawful that reference should be made, "as occasion requires, to medical topography," and, by implication, to the geography and geology of those portions of country that are within range of our investigations, as well as note "what changes have taken place in this State in the management of individual diseases; report the progress of epidemics and the character of prevailing diseases in special localities."

In order to present the subjects to be treated in this report with proper clearness, (particularly so when we come to treat of diseases in special localities,) it seems legitimate to refer briefly, if we may without being thought tedious, to the geography, geology, and topography of that part of our State to which this paper refers, comprising, as it does, an important part of that great hydrographical basin, known as the Mississippi Valley, extending from eastern to western mountain range.

The State of Illinois lies between 37° and $42^{\circ} 30'$ north latitude, and between $87^{\circ} 30'$ and $91^{\circ} 40'$ west longitude, embracing about 55,500 square miles, resembling, somewhat, an irregular triangle, the apex of which rests at the junction of the Ohio and Mississippi rivers, in latitude 37° north, and at an altitude of only about 300 feet above the Gulf of Mexico. Extending north, towards the base of the triangle, the face of the country is generally undulating; and, as it stretches out between its eastern and western boundaries, it becomes a vast prairie of table lands, reaching an altitude of more than 500 feet above the confluence of the Ohio and Mississippi rivers, beautifully interspersed with groves and belts of timber, especially along the streams that are tributaries to our natural boundaries. The general inclination of this vast plane is from north to south, as is indicated by the course of its rivers.

These table lands form, as it were, a dividing ridge through the middle and southern portions of the State, so that the waters shed off both towards the east and south-east, and west and south-west, emptying the accumulating waters in the State into the Mississippi from the western slope, and into the Ohio and Wabash from the eastern slope.

The upper waters of most of the streams which are northern and western tributaries of the Ohio and Wabash have their origin in ponds, or small lakes, and extensive marsh lands, and, not unfrequently, marshes are developed in the bottoms along the course of the streams, which, in many places, are wide, subject to spring and summer inundations, leaving them *bayous*, marshes, and ponds, abounding in drift and other foul deposits. The fertility of these bottoms and the luxuriant growth of vegetation are coextensive with the miasm which overshadows this vast belt of country, extending, as they frequently do, for miles in width from either shore of the stream. Eminently true is this of the Wabash bottoms. The water in these bayous and ponds dries up during hot weather in summer, and the drift and foul deposits from spring floods decay.

Surrounded, as the inhabitants of these table lands and bottoms are, with foul and mephitic air, their princely summer

harvests are succeeded by autumnal fevers, both mild and malignant.

Among the more important streams meriting notice, in this section of country, are Big Bay Creek, Saline, Little Wabash, Embarrass, and Vermilion, with their tributaries, emptying their waters into the Wabash and Ohio.

This whole eastern and southern slope, to which reference is had, presents, in a geological point of view, so far as known, the sandstone formation, overlaid by coal and limestone treasures, which occasionally crop out in the breaks of the hills and near the bottoms along the water courses, as may be seen in Vermillion, Kankakee, LaSalle, and other counties. The upper beds of this whole district consist of clay, sand and gravel, with a covering of rich vegetable mould. The surface of the country, whether woodland or prairie, is generally undulating or level, seldom broken into hills and ravines.

The water which is used for domestic purposes by the people living on the eastern and southern slope of this table land, is what is called *hard*; a few inhabitants only, of the vast population which occupy this territory, use *cistern water*.

There are many mineral springs and wells in this district, some containing valuable medicinal properties, others quite insalubrious. Those of most interest, in a sanitary point of view, may be found in Iroquois County. During the last ten years, about 200 artesian wells have been obtained by boring, at an average depth of about 75 feet. From these wells, good, salubrious, chalybeate water is obtained in great abundance, both for man and beast. From the use of this artesian water, the health of the people has been improved at least one hundred per cent.

Your reporter has given particular attention to the geographical, geological, and topographical delineations of that part of State for which he is to write, so that a more comprehensive view may be obtained of the etiology of the diseases which prevail, and to aid in getting a clearer understanding of its medical history. Impressed, as he is, with the fact that there are diseases which are a common scourge of the human race, which

seem independent of all known external influences, and present substantially the same symptoms, and are not materially influenced by *ease*, by *age*, or climate; there are others, influenced by known causes, such as inflammations from mechanical injuries, burns, fractures, etc.; and yet another class, resulting from a specific poison, such as *variola*, *rubeola*, etc. A knowledge of these diseases, their symptoms, lesions, and treatment, are, in a great measure, the common inheritance of the profession. On the other hand, there are diseases which seldom occur, except in climates or localities especially favorable for their production, or influenced by special states or conditions of society, among which may be mentioned bilious intermittent and remittent fever, typho-malarial fever, pneumonia, rheumatism, scurvy, etc. To the study of each class of these diseases the medical philosopher will give due consideration, as he must of necessity meet them in his professional career.

The diseases which are the common heritage of the race, prevail on the table land, and in the valleys of our State; besides these, we meet with those that are influenced by climate and locality. The more frequent in occurrence, are bilious intermittent and remittent fevers. The milder forms prevail, mainly, on the table lands, and the more malignant are generally found in the low lands and in the bottoms.

In a practice of ten years, in my present locality, at an altitude of nearly 800 feet above Cairo, I do not remember to have seen a single case of *malignant* or *congestive chill*; and yet, during that time, I have treated many hundred cases of the milder forms of autumnal fever. But previous to 1856, while residing in the bottom lands of the Wabash and Ohio rivers, at an altitude of 300, and sometimes 400, feet lower than my present locality, I had frequent opportunities to study congestive chill by the bedside, in the fall and winter months; cases in which the system had received such a shock from the malarial poison that, at the very onset of the disease, all the vital forces seemed paralyzed, and the patient would die in a few hours, with or without treatment. As soon as the chill began, it would seem that the capillary system gave way, and the

watery portions of the blood were forced into the alimentary canal, with enough of the coloring matter of the blood mingled therewith, so that the matter ejected from the stomach and bowels gave to the friends of the patient the idea of a fatal hemorrhage, which was indeed true. The best efforts of the medical man to stay the ravages of the malady were of no avail. When such facts are presented to us, we are forced to the conviction that the poison, whatever it may be, exists in its most virulent forms in places of low altitude, in the bottom lands, beside the bayous, and the marshes near our larger streams. As we recede from the low lands and reach higher altitude, the milder and more manageable forms of bilious fever take the place of the more malignant type; and as we ascend the plane, typho-malarial or genuine typhoid fever takes the place of autumnal fever. I do not mean to say that typhoid fever does not exist on the low lands, but that it is more prevalent on the table lands.

To get a truthful exposition of the diseases which have prevailed in the district under consideration during the past year, I addressed letters of inquiry to more than one hundred medical men in my district; from a very few only have I been honored with a reply. From those who have kindly contributed to the material contained in this report, I have the united testimony that the year just closed has been the most healthy of any for many years preceding it; more free from epidemics and other diseases, incident to this country.

Bilious intermittents and remittents have prevailed throughout the district for which I report, only to a very limited extent. Dr. J. P. TAGGART, of Cairo, writes, that in the country forty and fifty miles above Cairo, the people suffered from intermittent fever; the people in and about Cairo suffered comparatively little. Dr. E. W. MILLS, of Moultrie Co., writes, that malarial type of fever is the prevailing disease in his locality. Dr. PAYNE, of Clark Co., writes, that bilious fevers are common in the low lands, but in the up lands, typhoid is more frequent in autumn. Dr. P. H. BARTON, of Vermillion Co., writes, that malarial fevers prevailed to a limited extent

in that locality. A fact, which the Dr. brought to my notice, worthy of consideration, is, that those who work in the coal-mines never have intermittent or remittent fever, proving, as Dr. B. suggested, that the real cause of bilious fever is of vegetable origin; but, as your reporter would say, proving that whatever the cause may be, the colliers may meet such gases or chemical agents in the mines as are capable of, and do completely neutralize the poison; for, I understand, the colliers are twelve hours of the twenty-four on land, and those, too, in which they would be most exposed to the disease—during the night and while they slept. While the miners were not at work, and above ground, they were subjected to the same influences as those were who constantly remained above ground, and were subject to autumnal fever. The gases of those mines will bear a more careful study in a sanitary point of view.

The treatment adopted for autumnal fevers, is pretty generally agreed upon and uniform:—Evacuants and antispasmodics, mild chloride of mercury, followed by cathartic, either oil or vegetable pills, and, during the intermission of fever, the free use of quinine and opium, as the patient will bear. My habit has been to give large doses of quinine and arrest the disease speedily, giving to an adult 4, 6, or 8 grains, repeated two, three, or four times if needed, in absence of fever. Thus, the disease is cut short, with less danger of a relapse.

In Iroquois County, there prevailed, during the month of August, a congestive form of remittent fever, which attacked both children and adults; with children, producing violent congestion of the brain; but with adults, congestion of liver, spleen, and stomach. The cases that were promptly cared for, recovered in six or eight days, under the following treatment: Emetics, antimony and ipecac.; evacuants, calomel, followed by castor-oil and turpentine; and when there was even partial remission in the fever, such doses of quinine as the age and condition of the patient would tolerate, with ice to the head, and frequent warm baths to the limbs and body. Those neglected, or poorly cared for, invariably died in from four to eight days from the onset of the attack.

A form of fever has existed in many parts of the district, somewhat resembling typhoid, but which lacks many of the characteristics of that disease, as described by those who see typhoid in hilly countries and high altitudes with a densely crowded population; but the disease resembles that called by Dr. G. B. WOOD, of Philadelphia, continued form of bilious fever; by Dr. A. CLARK, of New York, symptomatic fever; and, more recently, by the surgeons in the army, it has been well named typho-malarial. This disease has prevailed, alike, in the southern, middle, and northern parts of the State, particularly on the table lands. From August to January it is most prevalent, taxing the skill of the physician and strength of the patient in the most eminent degree.

Symptoms.—The patient complains for some days before being confined to bed, of loss of appetite, restlessness at night, pain in limbs and back, stiffness in the back of the neck, and general lassitude. After from two to four days, a chill comes on, of short duration, followed with fever and, not unfrequently, delirium, great heat and dryness of surface, dryness of tongue, and, generally, redness of the tongue, mouth and throat. The tongue becomes heavily coated after the first few days, first white, then yellow, and, as the disease advances, the coating is brown, and the tongue deeply fissured, so as sometimes to bleed. Sordes collect upon the gums and teeth. The same kind of coating which is seen upon the tongue, and in the mouth and throat, often extends to the larger air-passages in the lungs; and as the tongue and mouth are freed from this coating, it becomes loose in the lungs and is a source of much irritation in the air-passages. Resulting therefrom, we frequently have inflammation of the lungs, thus complicating the case and greatly compromising the patient's risk of recovery.

There are, usually, remissions in the fever, in about twelve, eighteen, twenty-four, or thirty-six hours, generally attended with some perspiration about the neck and shoulders, and at times all over the body; sometimes the whole surface will be moist or bathed with perspiration, even during the exacerbation of fever. Where perspiration is excessive, it is thought the patient is in more eminent danger.

The skin is hot (but not the burning heat of typhoid), moist, or dry, except when the patient has chill, which does not usually occur after the third day from the time the patient is confined to bed, but exacerbations and remissions of fever continue to a greater or less extent, throughout its entire course. If convalescence supervenes, the remissions are more distinct, until there is an entire intermission in the fever, the patient oscillating between fever and intermission, the fever period shortening daily, until it ceases altogether.

From the onset of the attack, the skin has a yellow or bronzed appearance; respiration hurried; the pulse increased in fulness and frequency, at first (with adults) during the fever not more than 90 beats in a minute, but as the disease advances, it reaches 100, 120, or even 140, sometimes open and full, and sometimes small, quick, and feeble; there is usually loss of appetite, at times amounting to loathing of food; sometimes nausea and vomiting, more frequently not—if there is vomiting, the ejections are sour or bitter, mostly yellow or green bile. There is usually great thirst, the patient calls for acidulated water or ice; the face is flushed; the eyes are dull and suffused; the patient, if not delirious, complains of headache, pain in the back and limbs, and is restless and wakeful. As the disease progresses, the pulse becomes more feeble and more frequent, seldom falling below 100, even during a remission; the tongue, dry, as before stated, generally cleans off after a week or ten days, the coating breaks up in large patches, and the tongue becomes smooth, red, and shines as if varnished, at times re-coated and deeply fissured, if the patient recover, to be again cleaned off and left red and appearing as if varnished, which condition often continues long after convalescence is established.

The bowels are usually constipated at first, but more easily acted upon by cathartics than with those who have autumnal fever. Sometimes there is diarrhœa from the onset, the alvine evacuations are commonly yellow, yellowish green, or black. In advanced stages of the disease, a troublesome diarrhœa is likely to set in, which exhausts the patient rapidly if not con-

trolled. The bowels, at first, are usually about in a normal condition, except it be in the region of the liver and spleen there be a sense of fulness experienced by the patient, and a manifest prominence or hardness, especially in the right side, by passing the hand over the surface. As the disease progresses, the bowels become tympanitic and often painful, which causes the patient to lie on the back with the limbs flexed.

The urine is scanty, high-colored, *reddish*, or yellowish-brown, in advanced stages of the disease, giving a lateritious, mingled with a white deposit, with more or less mucus, but no albumen, that your reporter has ever been able to detect.

A fact worthy of notice is, that the epistaxis, the sudamina, and the rose-colored spots so frequently met with and described as belonging to typhoid fever, together with a tendency to excessive diarrhœa, are not so frequently met with in this form of disease. That these symptoms are occasionally present, collectively or singly, is not questioned; but that they are pathognomonic of the disease, and always present, is denied, for it has been the province of your reporter to attend patients, sick with the disease in question, for four, six, and eight weeks, without either nosebleed, diarrhœa, or the rose-colored spots. All ages and conditions in society are subjects of the disease, but those most obnoxious to it are from 15 to 30 years.

I have had but very few opportunities to be present at autopsical examinations of such as have died of this disease, so that my knowledge of the anatomical lesions caused by it is limited. The cases I have seen, invariably presented mucous inflammation of the stomach, duodenum, and small intestines; the mucous follicles in the duodenum are usually enlarged and sometimes ulcerated; Peyer's glands were frequently inflamed, but I have never found them ulcerated, as a result of this disease. The most marked appearance of the liver, revealed by the knife, is a mottled or slate color; somewhat over normal size; and harder than in health. The spleen was of reddish or black color. Of lesions in other parts of the system, I am not able to speak with clearness.

The general appearance of this disease in our State, during

the fall and winter months, is my only apology for devoting so much of this report to its consideration, and the delineations above given are from my co-laborers, and from my own observations in the field where I reside.

Treatment.—There are few diseases flesh is heir to that demands the attention of the physician more than *typho-malarial fever*. It requires less medicine than other diseases, but unremitting vigilance on the part of the physician. Timely directed, gentle cathartics, diuretics, diaphoretics and tonics are the main agents employed. The poisoned condition of the blood, the result of a failure of one or more of the excretory organs to remove from the system the effete matter which is constantly accumulating from the changes in the living tissues. It may be the skin, the liver, or kidneys, or all of these combined, and thus retaining within the blood, excesses in carbonic acid, urea, coloring matter of the bile, and other poisoning material. Such a condition requires the use of those agents that will neutralize the poison, and eliminate it from the system. When the patient is first seen, if the bowels have not been moved for a day or two previous to the physician's visit, calomel, followed with castor oil and turpentine, are advised, so as to cause two or three evacuations, repeating the oil and turpentine, or tartrate of potash and soda, in drachm doses, until the bowels move, this only during the second or third day. The diuretic or diaphoretic with which I have been best pleased, is a solution of the citrate of potash made from formula found in U. S. D., given in tablespoonful doses, to an adult, every two or three hours, with warm bath during the continuance of the fever, with ice held in the mouth and swallowed, if the patient desire, and acidulated and mucilaginous drinks; if the patient's mind is clear, and yet restless, pulvis doveri, v. grs., at bedtime, repeated, if need be, to secure rest at night. During the remission of the fever, quinine is administered in two or three grain doses every two or three hours. While the fever lasts the alkali and warm bath are freely used. If, during the progress of the disease, the bowels become tympanitic, turpentine emulsion is freely used, one or two drachms during

twenty-four hours. Alcoholic stimulants are used in the latter part of the disease, if the patient seems feeble and little or no inclination to take food, and, if needful, the quinine and opiates increased. If the lungs become involved, as they frequently do, the best agents in my hands to meet this complication have been the protracted use of the turpentine emulsion and solution of the carbonate of ammonia, from five to eight grain doses, repeated every four hours. Such is an outline of the treatment adopted by my colleagues and myself, with such variations as individual cases have required, and with this course persistently followed we have had the satisfaction of knowing that a very large per cent. of our patients recovered.

Cerebro-Spinal Meningitis has prevailed in different parts of the State. Wherever it has prevailed its ravages have been fearful. Dr. PAYNE, of Clark County, stated to me that in an epidemic of this disease which prevailed last spring, within his field of labor, at least three-fourths of the cases proved fatal. It has also prevailed in the north part of Kankakee, and the southern part of Will Counties, with great severity. Many cases have been met with in Ford and Iroquois Counties during the months of February and March last. Most of the cases that occurred in Ford and Iroquois Counties were several miles in the country, and when medical aid was obtained, the patients were most of them in *articulo mortis*, beyond the reach of medicine. During the months of August and September of 1865, I had an opportunity of studying this disease at the bedside. My patients were all children, from two to ten years of age. About fifty per cent. of the cases died, and but one or two of the cases that I saw entirely recovered, free from complications. Some got up with partial loss of the use of one or more limbs; others with distorted features, or the loss of some of the senses, either of sight, hearing, or taste.

The causes, symptoms, pathology, and treatment of this formidable malady have been so fully discussed before this Society on former occasions in the invaluable monographs now on record, written by the Chairman of your present Committee on Practical Medicine, by our present permanent Secretary,

by Prof. JEWELL, of Chicago, and other gentlemen of eminent professional attainments in the State, that I feel relieved from this duty, except it may be competent to note a few points which will bear frequent repetition from their important relations to this subject. A noticable fact in all the cases that I have treated, when the patient was not in a perfectly comatose condition, was generally found on the back, resting most of the weight of the body on the occiput and lower extremities, the pupils of the eyes largely dilated, eyelids closed and limbs extended, and whenever approached with an attempt to move any part of the body, or even removing the bed clothes, the sufferer complained as if in great agony. There is always retention or suppression of urine, and a suspension of the normal function of the skin in the cases I have seen, and it has been my custom to resort at once to the hot bath, with mustard, if the surface is cool, and when the patient is removed from the bath, should be wrapped in flannel blankets, and the internal use of large doses of an approved preparation of tincture of cantharides, of from five to fifty drops, according to age, with chlorate of potash, in from two to ten grain doses, repeated every two hours, until a sensible impression is made on the kidneys. If strangury is produced, as cantharides may do, and it is hailed as a favorable rather than an unfavorable omen. In all the cases I have treated, if the skin and kidneys could be brought actively under the influence of remedial agents, the patient recovered. To get a more minute and complete history of this disease my hearers are referred to the papers before mentioned.

Dysentery, in an epidemic form, so far as I know, has not prevailed in the eastern and southern parts of the State, except in Edgar County, and perhaps some parts of Coles. I learn of the epidemic in that locality, from Drs. MASSIE and GEORGE RINGLAND. To the latter gentleman am I indebted for an extended report respecting the epidemic, whose language I feel at liberty to transcribe for the information of the Society.

Dr. RINGLAND reports that: "The first case came under treatment 28th June, and the last cases treated were in September. The principal part of them occurred during the

months of July and August. About 100 cases were under treatment in a town of 600 inhabitants. Of the whole number sick 13 died. The majority of the cases were children, and the mortality greatest among them. Of the deaths, three were adults and ten children. The disease was principally confined to town, but few cases in the country. The disease presented the symptoms usually met with in dysentery. There was fever, tormina-tenesmus; small mucus and bloody discharges. The cause of the disease was local. There were several hundred bushels of corn, unsound when first put in open pens, and by exposure to the hot weather and the rains in the months of May and June, it soon became putrid, and could be scented at great distance from the crib, and from the atmosphere thus poisoned the epidemic doubtless had its origin. The treatment was in no way unusual. The remedial agents used were opium, ipecac, calomel, castor oil, turpentine, tonics, etc."

Cholera has prevailed more or less in many parts of the State, and in some portions extensively. Dr. TAGGART, of Cairo, has kindly furnished me the following history of the epidemic, as it prevailed in that city last summer. He reported "between 350 and 400 cases of pure Asiatic cholera as having occurred in Cairo, and out of that number not over ten per cent. of the cases proved fatal. It was surprising to find with what rapidity the disease appeared to leave, for its course was only about four or five weeks duration. The first symptoms were usually slight nausea, followed with transient pains or rumbling in the bowels, diarrhœa, slight and painless at first. Such I have invariably found to be but the skirmishing part of an advancing column, and if I would stay its ravages must not hesitate to commence at once with the following

℞.—Tinct. opii, spirits camphor,-----āā ʒj.
 Tinct. rhei,-----ʒij.
 Chloroform,-----ʒss.

Mix.

"Give teaspoonful every one-half hour until the diarrhœa is arrested, which will be on taking the third or fourth dose, when the case is taken in season. In more advanced cases, where

the diarrhœa was more troublesome, injections of starch and laudanum were used. With cases of greater violence, to the foregoing mixtures there is added, in small doses, calomel, opium, and plumbi acetate, with free use of mustard cataplasms to the stomach, friction to the parts affected with cramps, requiring the patient at all times to lie still, on the back. Chloroform, in any stage of the disease, when freely used, by inhalation, will do much to relieve the suffering caused by cramping in the extremities."

The disease also prevailed in Edgar, Coles, Champaign, Iroquois, Cook, and probably other counties in the State. The causes, symptoms, pathology, and treatment of which will be abundantly and ably discussed by my colleague, the Chairman of your Committee, whose residence in the city of Chicago brought him in immediate relation with the disease, and afforded him an abundant opportunity for such investigation, to whose paper I feel at liberty to refer for extended views on this subject.

Variola has been much less prevalent the past than a few years just preceding, as the more fruitful sources for its spread have been sensibly diminished since the close of the war, and as there has doubtless been greater vigilance exercised to control it by vaccination and revaccination, thus stopping, abruptly, its progress wherever it has appeared. The few cases I have seen were not permitted to spread, for all persons were at once vaccinated who were likely to be exposed in any way, confining the disease to its first subjects.

Diphtheria has prevailed in some parts of the State in a troublesome form, but I think not as a serious epidemic. Many cases have occurred in the middle portion of the State, which, as I learn, have been successfully treated with chlorate of potash, tonics, and stimulants, internally; salt bath, externally, and the permanganate of potassa, used as a gargle. I think too much importance cannot be attached to the free use of the chlorates in the treatment of this formidable disease, as well as in the treatment of scarlet fever. During an epidemic of these diseases, which prevailed together in the years 1864

and 1865, in Iroquois County, about two hundred and fifty cases of both diseases came under my care, at which time I had repeated opportunities to test the virtues of the chlorates, and equally frequent opportunities to witness their good effects upon my patients.

Rubeola has not, to my knowledge, prevailed in the State as an epidemic, except in Champaign Connty, where, I learn from good authority, it prevailed during the three winter months, with great severity. It is reported that about one thousand persons fell victims to this malady. Many of the cases were of a malignant type; only about one-twentieth were adults. In a number of cases persons had the disease who had been its subjects before. Most of the fatal cases were the result of the complications. As there is always, with measles, inflammation of the skin and the mucous surfaces, so when it prevails in cold or damp weather, we are very likely to have complications. The most frequent are inflammation of the throat and lungs. Thus has it been with the epidemic in question. The fatality was the result of bronchitis or pneumonia. There seemed to be a special tendency to pneumonia, which was attributed to the extreme cold weather that we had during the prevalence of the disease; for when we had warm weather in the month of February there was a marked diminution in the pulmonic complications, and the disease assumed a much milder and more manageable form. The causes, symptoms, pathology, and treatment of this disease have been so thoroughly discussed in our textbooks, and are generally so well understood by the medical men that it seems useless to consume time in discussing these points here. Permit me to say, however, that in addition to the ordinary treatment adopted for measles, in *this epidemic* the sulphites (especially soda) were used freely and with marked success. Such is the condition of the skin and mucous membrane in this form of disease, that these surfaces fail to perform their natural functions, and, consequently, a large amount of effete matter, which in health is eliminated through the pores of the skin, from the lungs and kidneys; is retained in the blood at great risk to the patient; and, from the short experience had

from the use of the sulphites, there are in use no agents so neutralizing to the accumulating poisons, and in preventing their destructive influences on the normal constituents of the blood. Their use, therefore, in the treatment of rubeola and other exanthematous diseases, is worthy of the careful consideration of the profession.

The sulphites of soda and lime, the permanganate of potash, the bromides of potash and ammonium, have all been recently brought into use as medical agents. Bromine and its compounds have been especially urged upon the notice of the profession as valuable disinfectants, antiseptics, and possessing in a wonderful degree a controlling influence over nervous affections.

Two *very valuable papers*, bearing upon the efficiency of the bromides in treating nervous affections, were read to the Society at our last Annual Meeting, both from distinguished members of our Society, each of which are worthy of careful study. During the last two years I have used bromide of ammonium with good results, in treating whooping cough, hysteria, epilepsy, and in protracted cases of pneumonia, where the lungs are left in an irritable condition. I have also found it serviceable in controlling nervous restlessness at night. Taking due care that *too much* is not expected from these agents, we may, I think, hope to use them with decided benefit, especially in treating nervous affections.

ARTICLE XXXII.

DEFORMITIES OF THE FEET.

By JULIEN S. SHERMAN, M.D., Chicago.

The feet are more frequently the seat of deformity, either congenital or acquired, than any other members of the body, and the important part they perform in the act of walking, renders all the forms of talipes a serious impediment to locomotion. With the exception of spinal curvatures, they require more perseverance and continued effort for their correction than deformities of other localities. Improvements in the principles of treatment and manner of dressing have added greatly to the success in relieving them, so that at present there are but very few cases, even where the distortion is great, that will not yield to persistent and well-directed efforts, so that at least a useful if not a perfect member may be obtained.

These deformities are not generally rapidly produced, neither are they quickly cured; but their removal requires a period reaching through weeks and, often, months.

The causes which produce them are as numerous as the various forms under which they are seen. One, almost constant, factor in their pathology is *unequal muscular action*. Paralysis frequently results in these deformities. Inflammation of the ankle, by causing reflex contraction of the muscles in its vicinity, often produces talipes equinus, as the muscles of the calf are stronger than the extensors, they draw the heel up and produce the deformity. These, or other causes, which produce unequal shortening or contraction of muscles and ligaments, terminate in malposition of the foot.

Restoration is prevented by the resistance of these shortened tissues, and may be overcome in two ways:—by extension long continued, and by tenotomy. Some orthopædists have discarded operative measures entirely, claiming that the contracted tissues may all be lengthened by sufficient extension. This is true in many cases; but there are others, where the deformity is so great and of so long-standing that tenotomy offers the only hope of restoring the parts. A careful selection

of cases should be made for the two methods of treatment, in order that the division of tendons may be as limited as possible. Properly adapted apparatus is necessary after the operation to complete the cure.

DIVISION OF THE FLEXOR BREVIS DIGITORUM MUSCLE, AND
PLANTAR FASCIA.

There is a rare deformity of the foot, in which the tarso-metatarsal articulation and the phalanges are the parts principally involved, the bones being so far drawn from their proper position that they point backward, and the patient walks upon the heads and dorsal aspect of the phalanges. If the limb is much used, the deformity increases to partial displacement of the astragalus, and becomes complicated with talipes varus, so distorting the foot that it *scarcely resembles the human in form*. In these cases, the plantar fascia, flexor brevis digitorum muscle, and the plantar ligaments are most firmly contracted, and offer the principal obstacles to extension. These tissues must be divided before the *bones can be extended*. The most effective position for division, and one that is approached with perfect safety to the plantar artery and nerve, is reached by introducing the tenotome on the outer side of the os calcis, just in front of the outer tuberosity, and carrying it directly across the sole to the inner border, and then cutting to the bone, thus severing the tissues at their origin and separating them entirely from their attachments. The long plantar ligament may be divided by keeping the knife still in contact, and carrying it forward until the ligament is separated.

This division is *behind the line of crossing of the artery and nerve*, hence they escape injury, and by it the phalanges are liberated and can be brought forward sufficiently to admit of suitable dressings for extension. An effective and simple apparatus for this purpose is represented by Fig. 1. It consists of a piece of sole leather, soaked until soft and pliable, and then moulded to the foot and laced at the side. A band of sheet steel is attached to the bottom and extends as a rod beyond the toes, at the end of which buckles are fastened. Adhesive

straps are applied to the front and side of the leg, the lower ends of which terminate in elastic webbing, which is carried forward and secured in the buckles at the end of the steel rod. By these means the points of purchase on the leg and foot are obtained and the latter may then be drawn strongly in any desired direction, and the stretch continued until the contracted tissues have yielded, and the foot assumed the normal position.

Fig. 2, is a sketch of a case of the previous description, treated last spring. It is taken from a cast, and is very accurate in its representation.

This case was of the most aggravated kind, and had existed for 22

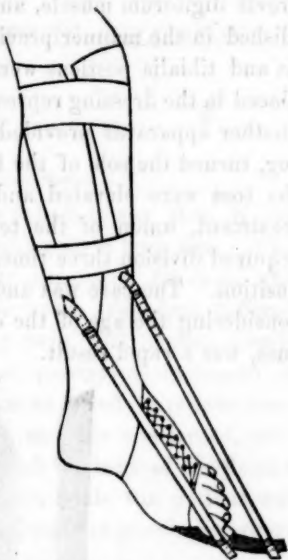


Fig. 1. Dressing for Club-foot,

years. The patient applied for an amputation, in order that he might wear an artificial foot and be relieved of so great a deformity.



Fig. 2.

The deformity was complicated with talipes varus.

The heel was raised three and three-quarter inches from the ground, the metatarsal bones twisted inwards upon the tarsus, and the astragalus luxated forward. The toes strongly extended, so that the dorsal surface of the fourth and fifth were in contact with the corresponding surfaces of the metatarsal bones. In standing, the point of contact with the ground was thrown back of

It was necessary to make a complete division of the flexor brevis digitorum muscle, and plantar fascia, which was accomplished in the manner previously described. The tendo Achillis and tibialis posticus were also divided. The foot was then placed in the dressing represented by Fig. 1, and, subsequently, another apparatus provided, which, by means of a ratchet and cog, turned the sole of the foot outward, at the same time that the toes were elevated and the heel depressed. During the treatment, union of the tendo Achillis was so rapid that it required division three times, before the heel was brought into position. The case was under treatment three months, which, considering the age of the deformity and resistance of the tissues, was a rapid result.



Fig. 3. Present Condition.

Fig. 3, is taken from a photograph, and represents the present condition. The result is much better than was expected. The whole sole is in perfect contact with the ground, and the foot points out fully as much as its fellow. It is somewhat smaller than the other, from non-development, but otherwise is a strong and useful member.

The muscles of the calf will increase in size and strength as the foot is used.

Deformities of the feet should never be neglected, but receive prompt attention at the earliest period possible, as the tissues become stronger and more contracted as the case advances in age. In very young children, caution should be used in applying apparatus, that ulceration of the skin is not produced. For such cases, the adhesive strap and elastic webbing form the best dressing. By these means, most cases in children, if taken early, can be cured without any operative measures.

ARTICLE XXXIII.

OLIVE OIL IN LARGE DOSES IN GALL-STONE DISEASE.

By IRA HATCH, M.D., Chicago, Ill.

Read to the Chicago Medical Society.

On the 18th of last May, I was called to see Mrs. K., of Evanston, whose health had been failing for a long time. She was then under the treatment of Dr. SMALL, of Chicago, who had treated her for scirrhus of the liver. She had suffered paroxysms of the most excruciating pain, with nausea, vomiting, and sometimes hiccough. These paroxysms increased in severity and frequency. The treatment failed to relieve even the pain, much less remove the cause, and she was forced, ultimately, to resort to anodynes. She took 60 drops of McMunn's elixir at a dose, which relieved the pain while the patient was under its influence. In the meantime, she was growing weaker, and the case was becoming desperate.

The following were the most prominent symptoms when I first saw her:—Skin as yellow as an orange; bowels obstinately constipated; countenance sunken and haggard; violent pain in the epigastric region, running around the right side nearly to the spine; nausea and vomiting; extreme thirst, and distress for breath, apparently from defective innervation. It was evident that the jaundice, pain, constipation, and vomiting were owing to the presence of gall-stones.

She was advised to take large doses of olive oil, to soften and expel the gall-stones. She resolutely determined to make the effort, though it seemed extremely doubtful about keeping the oil on the stomach; but she succeeded, by the help of a little cider taken after the oil. The first night she took a half bottle, and the two following nights the remainder of the bottle of oil. It operated freely and brought off a great number of gall-stones, resembling full-grown gooseberries, in size and color. As they floated upon the top of the water, they were mistaken and thrown out; but enough were saved to prove their charac-

ter. They were soft and completely saturated with the oil. she was greatly relieved by the operation. But, three or four days afterwards, fancying that the old pain was about to return, she repeated the oil, and came near sinking under the operation. It increased the exhaustion and irritability of the mucous membranes of the stomach and duodenum. Appearances were decidedly against her. Although the cause of the disease was removed, certain consequences which might prove fatal. The most prominent of these were, irritation, if not inflammation of the mucous membranes of the stomach and duodenum

To remove this irritation, or sub-acute inflammation of the mucous surface, seemed to be the principal indication for treatment. All solid food was forbidden. She had craved and had taken some solid food, which had probably kept up the pain after the gall-stones were evacuated. To allay the thirst, which was intense, she took small quantities of Vichy water, ice-cold, every few minutes. This was grateful to the stomach, it relieved the nausea and sickness. She also took the white silver mixture, prepared as follows:—

Ry. Argent. Nitratis,-----	grs. xvi.
Potassii Iodidi,-----	grs. xxiv.
Aqua Distil.,-----	℥iv.

Dissolve the nitrate of silver in the water, add of the iodide sufficient to form a pale yellow precipitate; let it settle, pour off the water and supply its place with pure water, then add the remainder of the iodide of potassa. Shake well, and take a teaspoonful every four hours.

After two days she could bear a weak, cold infusion of the *hydrastis Canadensis*, which acts well in certain forms of sub-acute inflammation of the mucous membrane.* The infusion of the root should be weak, or it will offend; especially where there is excessive irritation.

Mrs. W., a sister and neighbor of Mrs. K., was laboring under the same disease, but in a less aggravated form. Her skin was very yellow, bowels constipated, and appetite poor;

* I have never seen any preparation of the *hydrastis* that has satisfied me as well as the infusion of the root in cold water.

she had every appearance of gall-stones. What heightened the probability was, that her mother and oldest sister died, a few years since, of the same disease. Encouraged by the success in Mrs. K.'s case, she took the oil; one bottle in four days. It did not operate till the whole was taken, and then the operation was mild, and the gall-stones, in large quantities, passed without pain. She is now recovering her health surely and rapidly.

I saved a few of the calculi to exhibit to the Society; they were then in good shape, but soft, and perfectly saturated with the oil. I placed two of them upon a paper and exposed them to the heat of the sun, to harden, but they melted down, completely dissolved in the oil; thus demonstrating the fact that biliary calculi are completely soluble in olive oil.

I do not know of any author who has ever hinted at the possibility of dissolving these calculi in the living body. DUNGLISON says, "solvents are not to be depended upon. They cannot reach the calculi." Dr. KIDD, of London, praises chloroform highly, in gall-stone colic. He argues that it lets through the calculi, by relaxing the ducts; but he seems to have no notion of a solvent. Dr. THUDICUM believes that their solution in the living body is impossible. But the history of the two cases above related, shows conclusively that biliary calculi are soluble in olive oil, while in the gall-bladder of the living subject.

These concretions seem to be composed mostly of inspissated bile, hardened around a small deposit of cholesterine, which seemed to serve as a nucleus. In the centre of each calculus that I examined, there was a whitish substance, resembling tallow softened by oil. The oil had completely permeated every particle of the concretions.

ARTICLE XXXIV.

A FEW OBSERVATIONS UPON THE SUBJECT OF
DIGESTION.

By R. DEXTER, M.D., Chicago, Ill.

Food—Classifications of.

Nitrogenous	{ Albumen, Caseine & Fibrine.	Non-Nitrogenous.	{ Hydro Carbons and Fats. CARBO HYDRATES. Sugar, Starch, and Gums.

Food—Physiological Classification of.

Tissue-making Food.	{ Albumen, Fibrine, and Caseine.
Sugar-making Food.	{ Gluten, and Chondrine.
Fat-making Food.	{ Sugar, Starch, and Fats.

Processes Wrought in Different Organs.

Mouth—Changes in.	{ Mastication, and Insalivation. We have partial conversion of Starch into Glucose.
Stomach — Changes in.	{ Albumen, Fibrine, Caseine, and Animal Jelly.
Duodenum—Changes in.	{ Sugar, Starch, and Fats.

As the result of the digestive processes, we have the following:
 Albuminose, consisting of Albumen, Fibrine, and Caseine.
 Gelatinose, consisting of Gluten, and Chondrine.
 Glucose, consisting of Sugar, and Starch.

Adipose, consisting of Fats.

The whole digestive mass gains entrance into the blood by two separate routes, viz.: lymphatics and veins.

1. Lymphatics of the small intestines absorb the adipose emulsion with an albuminous coating of each globule.

2. The balance of the albuminose, with the whole of the gelatinose, and glucose are absorbed by the veins of the small intestines, and pass to the liver through the portal vein.

3. In the liver the albuminose becomes albumen, the gelatinose becomes sugar, and the glucose becomes fat.

4. Liver sugar is carried to the lungs, where it is converted into lactic acid.

5. In the transit of the emulsion through the intestinal lymphatics fibrine and the white corpuscles of the blood are organized and elaborated.

6. In the spleen a portion of fibrine white corpuscles and nurine of the blood are organized and elaborated.

7. (Conjectural.) Old red corpuscles disorganize in the spleen, and from the debris fibrine is the only constituent that serves any useful purpose; the residue is excreted.

8. The white corpuscles, in their passage through the spleen, elongate and burst, setting their nuclei free. These nuclei absorb hæmatin, and become red corpuscles, while the wall of the bursted corpuscles fibrins.

9. But the liver is the grand laboratory of red corpuscles. The hepatic vein is richer in both red and white corpuscles than any other vessel of the body. The splenic vein is next in richness of red and white corpuscles to the hepatic.

10. Assimilation takes place outside of the blood vessels. The exuded plasma saturates every structure of which we are composed, and decayed portion of the tissues are replaced by the appropriation of a sufficient amount of the nutritive pabulum.

11. The bile is not a digestive fluid; it is both secretory and excretory. A secretion always serves some further useful purpose in the system, and is never found in the blood.

12. There are no essential changes wrought upon animal fats either by digestion or assimilation.

ARTICLE XXXV.

TAPE-WORM. (TÆNIA SOLIUM.)

By S. A. McWILLIAMS, A.M., M.D., Chicago, Ill.

The following case of tape-worm is reported, merely to strengthen the reputed efficacy of pumpkin seeds as an anthelmintic:

Thomas V., a lad of six years, had been troubled for about a year with a tape-worm, segments of which had been frequently seen in his fæces. The parents said that his sleep was often disturbed, as if frightened; that he had occasional pain of a spasmodic character; often picked his nose, and scratched his fundament, and was rapidly wasting away. His appetite was exceedingly variable, sometimes voracious; at others, entirely deficient. Others had subjected the boy to the usual amount of pink root, calomel, castor oil, and turpentine, etc., but the worm safely retained his moorings.

I directed him fifteen drops of turpentine, in the form of an emulsion, three times daily for a week, and afterwards that two ounces of the kernels of pumpkin seeds be thoroughly ground up with sugar, to a very fine pulp, and sufficient mint water added to make an emulsion of twelve fluid ounces.

The above was taken in the morning, between six and seven, in divided doses, upon an empty stomach. At 9 A.M., two tablespoonfuls of castor oil was given, and at 11 A.M., the usurper rapidly beat a retreat before the advancing foe, and twenty-one feet, head and shoulders, were carefully bottled up. Since which time the boy has rapidly gained in strength and spirits to the joy of his doting parents.

ARTICLE XXXVI.

REPORT ON THE PREVALENCE OF DISEASE IN
CHICAGO, FOR THE MONTHS OF APRIL,
MAY, AND JUNE, 1867.

By N. S. DAVIS, M.D., Prof. Practical and Clinical Medicine, Chicago
Medical College.

Read to the Chicago Medical Society.

Since my previous sanitary report, ending March 31st, 1867, nothing of special interest has occurred in relation to the prevalence of diseases in this city. The predominant meteorological characteristics of April were cold and dry, and those of May, cold and wet. During the latter month, the rains were so frequent and copious that the surface of our city plot was constantly saturated and sometimes covered with fresh water. During both of the months named, the prevailing temperature was so much below the average for a series of years that the progress of vegetation was two weeks later than usual. With the exception of some severe cases of typhoid pneumonia, the diseases prevalent during these two months were chiefly catarrhal and rheumatic, giving rise to a low ratio of mortality.

The first seven days of June were warm, sultry, with wind constantly from the south and south-west, and frequent showers of rain. On the 8th, the wind suddenly changed to the north, bringing a cold atmosphere filled with mist or fog. The 9th and 10th were clear, dry, and warm, with very light wind from the south. The 11th was warm, sultry, with copious showers from the south-west. The 12th, 13th, and 14th were clear, very warm, with light wind from the south and south-west. On the night of the 14th, the wind changed to the north-east, and remained there during the 15th and 16th, bringing a cool atmosphere, with mist and fog. From the 17th to the 22d, the mornings were almost uniformly warm and clear, with south or south-west wind, and the evenings and nights cool, bracing, with wind from the north-west and north. The 22d was ushered in with a hot, sultry atmosphere and south-west wind.

Thunder showers followed in the afternoon, with a change of the wind to the north-west, and much cooler. The evening was cool, with a brilliant display of atmospheric electricity. From the 23d to the 28th, the mornings were clear, hot, and dry, with only slight rain on the 27th. The wind was in the south or south-west every morning, and in the north-west or north, with a cool atmosphere, in the evening. The 29th and 30th were clear, dry, and very warm, with south winds.

In regard to local sanitary conditions, it may be said that abundant materials, in the form of stable manure, contents of outside privies, and refuse matters, existed throughout the city for engendering the products of animal and vegetable decomposition. But the low temperature and abundance of fresh-fallen water during the months of April and May prevented any deleterious action on such materials. Although the temperature of June was much higher, with less rain, yet, with not more than three exceptions, the nights were cool and bracing; and the dry days were no more than sufficient to expel the excess of water that had accumulated upon the surface the previous month. Hence, it may be said that both atmospheric and local causes were favorable to the preservation of health during the three months under consideration. And this is in consonance with the actual mortality, as shown by the Health-Officer's reports.

The gross mortality in the city was, for April, 278; May, 241; June, 233. In 1866, it was, for April, 278; May, 275; June, 319; showing a decrease of 71 during the three months of 1867, as compared with the corresponding months of 1866. This decrease consists almost exclusively in the smaller number of deaths from bowel-affections in the months of May and June.

Although the month of June, 1867, gave a low ratio of mortality in the aggregate, and a smaller number of deaths from bowel-affections than the same month in 1866, yet the relations between certain atmospheric conditions and attacks of the latter class of diseases was clearly traceable. As already stated, the first seven days of the month were warm, *showery*, and damp, with prevalence of south winds; conditions which are

generally accompanied by deficiency of both ozone and free electricity. It was during the last two of the seven days, that I saw the first cases of cholera-infantum and the two first cases of cholera-morbus in adults the present season. I saw no new cases until the 12th, which was very warm with south wind, and the preceding day had been equally hot, with showers of rain. On the morning of the 16th, I was called to a woman, aged about 55 years, at 448 State Street, presenting all the symptoms of severe spasmodic cholera. She had been taken suddenly, between 1 and 2 o'clock A.M. The vomiting and purging had been frequent, copious, and rice-water in appearance; skin corrugated, cool; eyes sunken; voice very husky; pulse small and feeble; cramps in the muscles of the extremities severe and frequent; and at the time of my visit (7 o'clock A.M.) the discharges from the bowels were involuntary. The patient, however, recovered under diligent treatment. This patient slept in a small room adjoining the kitchen, without any window, and exceedingly deficient in ventilation. No other well-marked cases either of cholera-morbus or of serous diarrhoea came under my observation until the 22d.

From that time, cases of ordinary diarrhoea and cholera-morbus in infants were observed almost every day until the end of the month. But the mortality in this class of cases was small.

While the Board of Health has been acting diligently since its appointment, there remain many streets, alleys, and lots, from which the surface water has found no exit except by evaporation; and hundreds of full out-door privies and manure-heaps exist, more especially in Wards 6, 7, 11, 12, 14, and 16. Up to the end of June, enough dry weather had occurred simply to dissipate the excess of fresh water that had accumulated during the month of May; and, hence, but little influence has been exerted thus far by emanations from the soil proper.

If the month of July should be hot and dry, it will develop the full influence of those miasms resulting from the action of high temperature on the local accumulations in our surface soil in the process of dessication; and will, consequently, determine the character of diseases for the present summer.

Proceedings of Societies.**PROCEEDINGS OF MORGAN COUNTY MEDICAL SOCIETY.**

The regular meeting of the Morgan County Medical Society was held in Firemen's Hall, on Thursday, June 13th, and was called to order by the President, Dr. Henry Jones, at 2 o'clock P.M.

In the absence of the Secretary, Dr. LUCAS was elected Secretary, *pro tem*.

The minutes of the last meeting, as printed in the Weekly Jacksonville *Journal*, were approved.

The Committee on Examinations reported in favor of Dr. J. G. Cox, of Jacksonville, and Dr. T. N. Stewart, of Exeter, who were at once elected, by the unanimous vote of all the members present.

Dr. Askew, in place of an Essay expected of him, related the history of two cases of phthisis, and their successful treatment with cod liver oil. The patients are both living, and are in apparent good health.

Dr. Prince confirmed the opinion of the beneficial results of cod liver oil in phthisis, considering it a curative as well as a preventive agent, and gave it the preference over the alcoholic treatment.

Dr. Prince had been called in consultation in one of the cases mentioned, and was requested by the President to state some of the signs and symptoms which had resulted in the diagnosis.

Quite a discussion arose as to whether there was pain during the early stages of tuberculosis in the parenchyma of the lungs, and whether pain could arise from inflammation of that tissue.

The President stated that he never had found pain in this disease in his practice, and that the lungs were too insensible an organ to produce it.

Dr. Edgar considered the diagnosis of phthisis in the earlier stage very uncertain, and mentioned as a valuable means of diagnosis the comparative elevation of the scapula on a deep in-

halation by the patient; that in the first stages of phthisis, the deposit of tubercular matter at the apex of the lungs, produced similar physical signs, as chronic bronchitis, extending by continuity to the adjoining parenchyma, rendering the lung impermeous and flat, or dull on percussion; that the principle diagnostic symptom was the existence or absence of pain attending the primary deposit of tubercles, whereas pain did accompany the other condition to a greater extent.

Dr. Buckner next read an essay on the Practice of Medicine, reviewing the comparative progress of this with other sciences.

On motion, the thanks of the Society were tendered Dr. Buckner for this interesting paper.

Dr. Edgar then read an Essay on "*Veratrum Viride*," giving some valuable accounts of its history, and therapeutic properties as an arterial sedative, the doses, its different action, when used in the mouth, and as a subcutaneous injection. The reason that it is not much more used, is, that Dr. Norwood, of South Carolina, who brought it in general use, recommended it unwisely as an emetic, and in some diseases in which it is not applicable. The U. S. Dispensatory, the most popular standard work, recommends its use in over-doses, which often produces harm and anxiety both to patient and physician.

Dr. Edgar was requested by the Society to furnish his interesting paper to some medical journal for publication.

The therapeutic properties of *veratrum viride* gave rise to the description of a new instrument, the sphygmograph, or pulse-writer, and its value as a diagnostic agent in the action of medicine on the pulse; for instance, the effect of the administration of alcohol as an antidote to *veratrum viride*. According to Dr. Edgar, the tincture of cantharides, in connection with alcoholic stimulants, is the best restorative in case of an over-dose. The peculiarities of the action of alcohol are, that small doses increase the pulse in frequency, and large doses increase it in volume, force, and fullness, and not in frequency; also, that it reduces the temperature of the body, as shown by numerous experiments under the use of the thermometer, applied in the axilla or under the tongue.

Dr. Craig asked a question in regard to the antagonistic effect of belladonna in opium poisoning, and *vice versa*. He and Dr. Edgar gave cases, in which they derived apparent good results, yet the treatment was combined with other remedies.

Dr. Craig reported, also, a case of dysentery treated successfully by *veratrum viride*. The administration of the agent was accidental.

Dr. Reed spoke of the therapeutic effects of several drugs similar in action to *veratrum viride* as arterial sedatives.

On motion to appoint a committee to revise the Constitution of the Society, the President appointed Drs. Wilbur, Craig, Prince, Bibb, and Askew.

The President appointed Drs. Bibb and Craig to read Essays at the next meeting.

On motion, the Society adjourned to meet on the second Thursday in July, at two o'clock precisely, at Firemen's Hall, in Jacksonville. C. J. LUCAS, M.D., Secretary, *pro tem*.

The Society met in Firemen's Hall, in Jacksonville, on Thursday, the 11th of July, at 2 P.M.

Dr. Henry Jones, the President, called the meeting to order, when the minutes of the June meeting, as printed in the *Weekly Jacksonville Journal*, were read and accepted.

Dr. William S. Edgar, one of the committee of five on legislation, appointed by the State Medical Society, suggested the consideration, by the Society, of a proposed law to regulate, in the State of Illinois, the practice of medicine, to protect the people of the State more effectually from the ignorance of the many illiterate and uneducated self-styled doctors who are found throughout the country.

On motion, it was made the subject for discussion at the next regular meeting.

Dr. Bibb reported a case of gonorrhoeal orchitis, treated by a deep incision, followed by immediate relief to the patient, and a more speedy convalescence than by any other method of treatment that he had ever adopted. The Doctor had been prompted to try this method from the successful results of simi-

lar operations by eminent men in Europe and in this country, who had published their plan of treatment in late medical journals, and was much pleased with the result of the practice in the case referred to.

Dr. Prince remarked, though he had never tried the plan, yet it was recommended by many surgeons, and was uniformly well spoken of. He supposed the practice was based upon the hypothesis that the fluids discharged by the puncture had given rise to the pain by pressure, and the removal of the pressure gave immediate relief.

Dr. Kimber, of Waverly, mentioned a case where he had accidentally punctured this organ, but that immediate relief to the patient was the result, and a speedy convalescence. The patient had been troubled with orchitis and chronic hydrocele for several years, but after the accidental operation recovered completely, and had never been troubled since.

Dr. Edgar had found but little difficulty in treating this disease by the ordinary method.

Dr. Wilbur had been successful in several cases by using tartar emetic in nauseating doses, producing speedy convalescence.

Dr. Craig, of Arcadia, then read a paper on scarlet fever, giving the history of a recent epidemic of this disease in his sphere of practice.

The Doctor was requested by the Society to publish his Essay in some medical journal.

Dr. Craig had found that nitrate of silver in solution, applied by spray through the atomizing tube; also, a strong infusion of capsicum, applied in the same way, very beneficial local applications to the tonsils and pharynx. Used, also, tincture of muriate of iron with glycerine, as a local application to the throat.

Dr. Prince suggested that the way in which this epidemic had originated was additional evidence of the contagiousness of the disease, and should be remembered.

Dr. Henry Jones, in relation to the imaginary prophylactic power of belladonna in this disease, remarked that in one fami-

ly where he had faithfully tested its use, one little unruly boy had resisted every effort of his parents to make him take the belladonna, and he alone escaped the disease. He had found dilute muriatic acid locally applied the best remedy, and considered chloroform and chlorate of potash valuable remedies in connection with other means of treatment. He had observed that there was greater acceleration of the pulse in scarlet fever than in any other of the acute febrile diseases.

The Examining Committee reported favorably in the case of Dr. Skinner, of Bethel, when he was unanimously elected a member of the Society.

Dr. Brown, of Waverly, Dr. Dutton, of Jacksonville, Dr. DeLeuw, of Jacksonville, and Dr. C. A. Edgar, of Arcadia, were appointed to prepare Essays for the next meeting.

After the usual remarks of mutual admiration and congratulation, the Society, at five o'clock P.M., adjourned to meet at two o'clock P.M., on Thursday, the 8th of August.

C. T. WILBUR, M.D., Secretary.

CLARK COUNTY MEDICAL SOCIETY.

This Society met at Marshall, July 1, 1867, eighteen members being present.

Good feeling prevailed throughout the meeting, and all seemed to be fully imbued with a spirit of inquiry and medical research.

After the business of the Society was transacted, Dr. J. C. Price read an article on the preparation and use of styptic colloid. It forms an excellent application in all abraded surfaces. He spoke of its good effects in Whitlow, after the use of the knife. He also read a paper on the "True Physician," in which he urged, with great force, the necessity of united action on the part of medical men against the inroads of impostors and quack nostrums. He spoke against the recent efforts on the part of speculators in human life to revive the old follies of

magic incantation and *hocus pocus* in the form of "Snap Doctors," and other impositions.

Dr. Daniel Gard read a lengthy article on "Chronic Conjunctivitis," which was listened to with much interest. The Doctor has had a great deal of experience in the management of this disease, and his chief remedy is nitrate of silver, as a local application, aided by proper constitutional remedies. He uses the nitrate in the strength of from one to fifteen grains per ounce of Rose water.

On motion of Dr. Payne, Dr. Gard was requested to furnish a copy of his paper for publication in the CHICAGO MEDICAL EXAMINER.

Dr. Spencer remarked, that at our next meeting he would read a paper on the Nature and Treatment of Carcinomatous Tumors, and cancer in general.

Dr. Jennings offered the following resolution, which was unanimously adopted:

Resolved, That every member of this Society, at each regular meeting, be absolutely required to read an Essay on some medical subject, or report a case and treatment.

Dr. A. A. Lodge was unanimously elected a member of this Society.

Dr. Payne read a paper on the "Vis Conservatrix Nature." He impersonated this restorative power of nature, and contended that the difference between a good physician and no physician at all was not half so great as the difference between a good and a bad physician. At an early day this power was the *archeus* of Van Helmont, and the *animi* of Stahl. The Doctor remarked that this curative power of nature was strictly scientific, yet it was unfortunately and necessarily the main prop and back bone of all false theories and medical impostors. Were it not for this power the infinitesimal doses of the homœopath would no longer delude and swindle mankind. This paper was received, and ordered published.

Dr. Jennings gave the *post mortem* appearance of Mr. J. Stover, nineteen years old. This young man was examined by the members of this Society last March, and his disease was

pronounced hypertrophy of the heart and hydrothorax. After death his heart was found greatly enlarged, walls thin, and about one gallon of water in the thorax. The treatment recommended last March did not seem to produce the least benefit. The disease had advanced beyond the reach of remedial agents. This case was fully discussed by Drs. Jennings, Lodge, Mitchell, Gard, and Goodell.

Dr. F. R. Payne presented an Essay on Cerebro-Spinal Meningitis, in which he reported two recent malignant cases, and gave the *post mortem* appearance of one. This paper was ordered to be sent to the CHICAGO MEDICAL EXAMINER, for publication.

The Society then adjourned to meet in Martinsville on the first Wednesday in November next.

F. R. PAYNE, President.

J. D. MITCHELL, Secretary.

FOX RIVER VALLEY MEDICAL ASSOCIATION.

The regular quarterly session was held at Turner Junction, DuPage County, Ill., July 1st, 1867. Present—Dr. Winchester, President of the Association, and Drs. Jassoy, Young, Hawley, Patterson, LeBaron, Beggs, Crabtree, Tefft, Burbank, Goodwin, Olson, and Tyler.

The meeting was called to order by the President. Dr. Hawley was elected Secretary *pro tem*.

The minutes of the last meeting were read and approved.

On motion of Dr. Young, Dr. Tyler, of Massachusetts, was invited to a seat with the Association, and to join in the discussions.

Dr. Young proposed Dr. R. J. Patterson, of Batavia, as a member of the Association. He was elected, and with Drs. Beggs, Olson, and Burbanks, signed the Constitution and By-Laws, and paid the fees which constitute them full members.

Dr. Hawley, Chairman of Committee on Revision of Consti-

tution and By-Laws, reported progress, and asked for further time in behalf of the Committee, which was granted.

Dr. Patterson presented a written communication, containing some hints on giving testimony in Courts, in cases of monomania and moral insanity. His large experience among the insane added much to the interest with which the paper was received, and to the interest of the general discussion of the subject which followed, by most of the members present.

Dr. Jassey moved a vote of thanks to the Doctor for his communication, and that he be invited to continue the subject at future meetings, which motion was unanimously carried.

Dr. Burbank reported a case of hepatic abscess, in which there had been a discharge of about fifty gall stones, of the size of a half-pea, and under. These stones showed, upon analysis, a composition of cholestrine, mostly. Result, recovery.

Dr. Goodwin reported a case of insanity, attended by many and long continued delusions on some points. A *post mortem* showed the organic disease of the patient to be mainly in connection with the stomach and liver.

Dr. Olson reported a case of paralysis, in an aged person, attended with a singular manifestation of external heat for many days before death.

Dr. Young reported a case of fracture of the humerus in a lady 84 years of age, in which perfect union was obtained.

Dr. Hawley reported a case of compound comminuted fracture of the tibia, and recovery without suppuration. Patient aged 55. Also, a couple of cases of bronchitis in persons of a consumptive tendency, which were of interest mainly from the marked improvement which followed a change of treatment from neauseant and anodyne to stimulant and anodyne.

Dr. Young called attention to some recent observations of Drs. Davis and Johnson, tending to prove that alcoholic medicines lowered the force and frequency of the pulse, and also the temperature of the body, which called forth considerable discussion upon alcohol in general.

Dr. Beggs was named as Essayist at the next meeting, which takes place the first Monday in October, at Turner Junction.

On motion of Dr. Burbank, Association adjourned till the above date.
S. B. HAWLEY, M.D., Secretary *pro tem*.

JACKSON COUNTY MEDICAL SOCIETY—FIRST REGULAR MEETING.

The Jackson County Medical Society met pursuant to adjournment of the primary meeting in Carbondale, Ill., July 3d, at 10 o'clock A.M.

Dr. James Roberts, in assuming the Chair, remarked that he was much gratified by the honor conferred upon him in his election as President. He hoped he was only the first of a long line of Presidents which should occupy the Executive Chair of a Society increasing in numbers and wisdom, as its years increase.

The minutes of the primary meeting, including the Constitution and By-Laws, were read.

Upon motion of Dr. Ormsby, Dr. Roberts was requested to present to the Society, at its next regular meeting, an essay on the subject of Milk Sickness, to which request he acceded, and, in so doing, expressed the hope that members of the Society would enhance the value of the paper, by preparation for a full discussion on the subject, from the standpoint of each one. He had been engaged in practice in this vicinity for nearly thirty years, and was well aware that the disease in question merited our attention from the fact that it is not ten or twenty miles distant, but is here, as it were, at our very doors.

Dr. Ormsby rose to explain, that notwithstanding Dr. Roberts was to present a paper to the Society at its next regular meeting, it would be not only proper, but highly desirable, that any other members should present such papers and reports of cases as they deem proper to lay before the Society, and he hoped that no member would allow his native modesty to prevent his being heard from. Modesty does not often kill individuals, but it sometimes takes all the vim out of a Society.

Dr. Roberts called attention to the fact that the editor of the Carbondale *Era* has offered to publish any notices for the Society gratis, and has requested a "resume" of our proceedings for publication. He thought it might be well to furnish a short account of our meeting to the *Era*, as a reminder to our professional brethren that such an organization as the County Medical Society is in existence.

On motion of Mr. Ditzler, the Secretary was instructed to furnish a "resume" of these proceedings, together with such extracts from the Constitution and By-Laws as he may deem proper, to the *Era*, for publication.

On motion of Dr. Ormsby,

Resolved, That a copy of these proceedings be sent to the CHICAGO MEDICAL EXAMINER.

After a desultory discussion upon the subject of Medical Education, in which the recent action of the "Convention of Teachers of Medical Colleges," was heartily and unanimously proved, the Society adjourned.

O. B. ORMSBY, M.D., Secretary.

Foreign Correspondence.

TREATMENT FOR SEA-SICKNESS—LIVERPOOL HOSPITALS—SCHOOL FOR NURSES—ENGLISH COUNTRY SURGEONS, MANNER OF CONDUCTING BUSINESS—LONDON—NEW ANÆSTHETIC IN USE—DANGERS OF CHLOROFORM.

LONDON, July 5th, 1867.

Conformably to my promise, I drop you a few lines respecting my observations upon this side of the water. I took the steamer *City of Paris*, for Liverpool, on the 15th ult. As the weather proved calm, I had no opportunity to make discoveries on that soul and stomach stirring subject, sea-sickness. By conversing with the ship's surgeons and others, I judge that all

the numerous remedies for this nuisance, so far as they have any beneficial effect, may be reduced to two classes:—1st. Stimulants to the mucous membrane of the stomach, and to the nervous system. Essential oils, chloroform taken internally, brandy, aromatics, and other irritants seem to occupy the attention of the nervous system somewhat, and have a moderate tendency to obviate the nausea. A strong mental impression has the same effect.

2d. Cathartics, which act on the portal circulation, are very positive in their influence. Persons very subject to sea-sickness often take a voyage in entire comfort by the following precaution:—Take ten grains of blue mass the night before embarking; follow it the next morning with a brisk cathartic of Seidlitz powders. A voyage at sea is almost always constipating in its effects, and a repetition of the medicine once or twice on the passage may be necessary.

On my arrival at Liverpool, I spent a few days in examining the hospitals of that city. There are three general hospitals, all supported by private charity. In addition to these, there is a dispensary, and a large hospital in the workhouse. These institutions are attended by skilful men, and are a great public benefit. I may say, however, that I have not seen, in Philadelphia, New York, Liverpool, or London, more than one well-ventilated hospital. The Middlesex Hospital, London, is the only one I have found where the surgical patients receive air at all approaching in purity that which I have always had for my patients in Mercy Hospital, Chicago.

In one of the Liverpool hospitals, there is a school for female nurses, who take a training for twelve months. They then compensate the institution by giving to it a certain portion of their wages for the next two years, towards the hospital fund.

On my way from Liverpool to London, I stopped at the beautiful, little old town of Warwick. We have here Warwick Castle, in complete repair, with its great hall full of old armor and other relics. Near by, are the ruins of Kenilworth Castle, the scene of Scott's novel, "*Kenilworth*," as well as Stratford-upon-Avon, Shakespeare's birthplace, and numerous other spots

of antique interest. I was here most hospitably entertained by Surgeon NUNN and his family. Mr. NUNN (surgeons are called Mr. in England) is in a very active and successful practice in and around Warwick, where he stands deservedly high in public esteem. It may not be known to all your readers that the surgeons in small English towns are general practitioners, though called surgeons. As a rule, they ride about, visiting patients of every kind, like an American physician, but they do not have to ride so far, and I am gratified to say that they have much better roads to go on than we. The surgeon keeps a stock of medicines in his house, and having seen his patient, returns and sends the medicine by a messenger. It is difficult to compare their rate of compensation with ours, on account of the manner in which it is collected. As a general rule, there is no charge made for the visits, but the whole expense is put upon the medicines. The patient is charged a certain rate for every two pills, so much a-piece for powders, and so much for a draught, etc. As a class, the country surgeons are well trained and perfectly competent.

A new anæsthetic, or rather a new attention to one previously proposed, is being pressed upon the profession in London, by Dr. PROTHEROE SMITH, of the Hospital for Women, and, from the experiments thus far made, there is reason to hope that it may combine the energy of chloroform with the safety of ether, besides being much more agreeable to inhale than either of them. Its production in a crude form is easy and cheap, but its complete purification is rather difficult. I subjoin Dr. SMITH's description of the method.

The tetrachloride, or, as it used to be called, the bichloride of carbon, [Sir James Simpson has concisely termed it "chlorocarbon,] is the highest of a series of chlorides of four grades, as follows:

- | $C=12$ | $C=6$ |
|--|---|
| 1. Protochloride of carbon,
CCl_2 | 1. Subchloride of carbon,
C_4Cl_2 |
| 2. Dichloride of carbon, C_2Cl_4 | 2. Protochloride of carbon,
C_4Cl_4 |
| 3. Trichloride of carbon, C_2Cl_6 | 3. Sesquichloride or perchloride of carbon, C_4Cl_6 |
| 4. Tetrachloride of carbon,
CCl_4 | 4. Bichloride of carbon, C_4Cl_4 |

The subjoined table exhibits at a glance some of their physical properties:

.....	Usual Condition.	Boiling Point, C.....	Freezing p't, C.....	Specific Gravity,	Sp. Gr. of Vapor,.....	Soluble in Alcohol, Ether and Oils.	Insoluble in Water, Acids and Aqueous Alkalies,.....	Action on the Skin and Mucous Membrane.
Protochloride of carbon...	{ Crystals.	.....	.....	.....	.....	In ether	.....	.....
Dichloride.....	Liquid.	122°	Liquid } -18°	1.619	5.82	In all.	Yes.	Taste first intensely sweet and pungent; afterwards bitter.
Trichloride...	†Crystalline	182°	.....	2	8.157	Ditto.	Ditto.	.....
Tetrachloride	Liquid.	77°	-27°	1.56	5.3	Ditto.	Ditto.	Very slight on mucous membrane; on skin none.

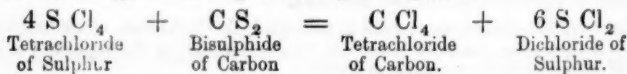
†There has been obtained an isomeric liquid Trichloride, the vapor of which has a density of 4.082.

From this table it will be seen that the tetrachloride, from its superior volatility, is the only known chloride of carbon suited to administration by inhalation.

Of the numerous methods of preparing the tetrachloride of carbon, that devised at the Royal Institution by Messrs. Frankland and Duppa appears to be the simplest and most economical. The following is a brief outline of the process:

A Woulfe's bottle is filled to rather less than one-fourth of its capacity with bisulphide of carbon, to which has been added either a little sulphur, or, what is better, bichloride of sulphur; one per cent. of either of the above substances will suffice. A stream of perfectly dry chlorine is now passed through the mixture, and continued until no further absorption takes place; this occurs when the liquid has increased to about four times its original volume. As the liquid in the bottle becomes very hot during the process, means for keeping it cool must be resorted to.

The brownish red liquid produced now consists of tetrachloride of carbon and tetrachloride of sulphur saturated with uncombined chlorine. Were water simply added to this liquid a large deposit of sulphur would take place, hydrochloric acid, sulphurous acid, and sulphuretted hydrogen being procured at the expense of the tetrachloride of sulphur, and a large quantity of tetrachloride of carbon set free; but as tetrachloride of sulphur, when brought into contact with bisulphide of carbon, is found to yield tetrachloride of carbon and bichloride of sulphur, according to the subjoined equation:



advantage of this reaction is taken, and a certain quantity of bisulphide in small portions is gradually added, and the whole submitted to distillation. After three or four rectifications the liquid separates into two portions, one consisting of tetrachloride of carbon, containing a little bichloride of sulphur and the other of bichloride of sulphur containing a little tetrachloride of carbon. The impure tetrachloride is now treated with water and milk of lime distilled, when the substance nearly pure distils over with a little water: a rectification or two *per se* will suffice to obtain it in a state of absolute purity.

Messrs. Hopkin and Williams, of New Cavendish-street, who have succeeded in producing a very pure specimen of the tetrachloride of carbon according to

the above-described process, have found that, before its final washing, the addition of a little ammonia very much improves its character, and helps to deprive it of the last traces of bisulphide of carbon and chloride of sulphur.

A specimen having been obtained from the laboratory of the Royal Institution, about half a drachm on a handkerchief was inhaled. Its vapor was found to be agreeable, having a delicate perfume not unlike that of quince, and imparting at first a sensation of coolness to the throat, similar to that experienced in drawing in one's breath after taking peppermint, followed by a feeling of warmth on the surface of the body generally. This was succeeded by a feeling of calmness and freedom from the exhaustion which had previously been felt, and which did not return during the remainder of the day; and sleep that night was more sound than usual. The experiment was repeated on the following day, with similar results. On March 23d, having obtained a perfectly pure specimen of the fluid, twenty minims on a handkerchief were inhaled, repeating the dose when it had evaporated. Its anæsthetic effects were very rapid, preceded by an agreeable sense of drowsiness &c., and other sensations similar to those which I have experienced from chloroform, but in a less degree, and giving place in about two minutes to calm sleep, after which scarcely a minute elapsed before the return of complete consciousness. Sleep was again calm and undisturbed through the succeeding night. With the assistance of Dr. Heywood Smith its effect on insects and some of the lower animals was tried. In the case of insects it was found that whereas chloroform, when dropped on their heads, was quickly fatal, they soon recovered when the tetrachloride in like manner was employed.

Dr. SMITH has now given this article about one hundred times. His conclusions are these:—It is a powerful anæsthetic, but when pure does not sicken the stomach nor excite cough in administration; it is more prompt than ether, but slower than chloroform in its action. In the inferior animals he has pushed it to a fatal result, in order to observe the effects. From his observations, he concludes that, while chloroform is apt to cause death in a sudden and unexpected manner, giving no opportunity for precaution, the tetrachloride of carbon, when pushed to fatal extent, brings on its results gradually, giving opportunity to regulate the quantity and avoid the danger. He finds it extremely useful in the Hospital for Women, as an anodyne for headaches, and as a sedative to hysterical excitability.

In my opinion, this article promises to become of great value, but further experience is necessary, in order to test the question of its relative safety. Its delicate, fruity odor, and its un-irritating, un-nauseating character are great advantages, if it shall prove to have the safety of sulphuric ether. Dr. SMITH gives it in an inhaler instead of upon a napkin.

The English surgeons universally use chloroform instead of sulphuric ether in their operations. They keep no statistics of

the results, but when I question them upon the point, they generally say that deaths occasionally occur, but so rarely as to be of little consequence. I have, however, carefully pushed my inquiries among the officers of the various hospitals, and I am of the opinion that they seldom exceed two thousand administrations of chloroform without a death occurring. I am carefully gathering statistics upon this point, and shall have something further to say about it in a future letter.

Yours very truly, EDMUND ANDREWS, M.D.
23 Cecil Street, Strand, London.

Selections.

INDISCRIMINATE USE OF ALCOHOLIC STIMULANTS IN DISEASE. A LECTURE DELIVERED AT GUY'S HOSPI- TAL, LONDON.

By SAMUEL WILKS, M.D., Physician to, and Lecturer on Medicine at the
Hospital.

In drawing your attention to the case of bronchitis, and the good results which followed the discontinuance of stimulants after I had at first ordered them, let me impress upon you the importance of always seriously considering the advisability of alcoholic treatment before you have recourse to it. To my mind, the most important question in therapeutics at the present day is the value of alcohol in disease. Because this agent is made use of daily by a large part of the community as an article of diet, its administration in disease is treated too often with carelessness, and it thus forms, without a due consideration of its action, one of our commonest prescriptions. If it be said that its frequent use is an evidence of its potency, this is the more sufficient reason why its administration should be watched with the extremest care.

You know it is not decided in what manner alcohol exactly behaves in the animal economy; the proof is wanting that it is a food for the lungs, whereas its direct effect on the nervous system is evident. A want of knowledge of the precise changes which it undergoes in the system is, however, no argu-

ment against its use, since its advantages must be discovered from experience alone. If the taking a stimulant restores a flagging nervous force, and so adds fresh life to the various organs of the body, a benefit may have been received; and thus most of us are brought up in the habit of taking our glass of wine, and feel ourselves refreshed. Since the active agency in many of our stimulating drinks is alcohol, many persons have recourse to spirits in order the better to obtain its influence, and thus brandy may become with them a regular article of diet: the necessity for some stimulus being assumed, if malt liquor or wine be supposed to disagree, some brandy and water is drunk instead.

I am not going to enter upon the much-vexed question as to the necessity for the daily use of wine or spirit; but I will say that the usual test for the advantages of its use is one which I conceive to be in most cases utterly valueless. Alcohol, remember, although an excitant, is a sedative to the nervous system—is, in fact, an anæsthetic. A drunken man may be injured in such a way as to have all his teeth knocked out in a brawl, yet apparently not perceive the injury, and be utterly unconscious of the occurrence when he has returned to soberness. The argument, therefore, that a man feels better after his glass or two of grog would be equally applicable to the case of the Turk, who feels better for his opium. His feeling better simply means that he has got rid of his unpleasant sensations, whether these be moral or physical; he “drowns his trouble in the bowl.” If a man engaged in the practice of his profession, mercantile business, or even pleasure, such as boating, cricketing, or shooting, intends to assert that he can pursue these respective objects with more success after he has taken a stimulant, then he may have an argument in favor of its use. If, however, it be admitted that during the active pursuits of the day a stimulation to the nervous system is injurious, but that after the fatigues are over the body must be recruited, and that a proportion of alcohol is beneficial, I have nothing to say against it, should experience speak in its favor. I repeat, however, that in the majority of instances where a man’s reason for taking his wine or spirits is of no better kind than he feels better for it, the reason is utterly valueless; indeed, it may generally be assumed that whilst his feelings are benumbed his organization is being injured. The argument is no better in favor of the use of wine or other stimulant in disease—as, for example, that it must do good, since the patient craves for it. The question of the advantages attending the daily use of

beer, wine, or spirits, although a difficult one to solve, is one which you cannot evade considering, since the health and welfare of families may depend upon your judicious decision. You may recommend wine with advantage to members of certain families having peculiar temperaments, while should you advise it for others you may unwittingly be sowing the seed of ruin of mind, body, and estate.

The subject of the different temperaments of your patients and their mode of life is one which is well worth your study; but the matter I wish now to strongly enforce upon you is that you are as thoroughly to consider the propriety of the administration of alcohol as you would any drug in the Pharmacœia. Endeavor, if you can, to erase from your minds that it is a proven fact that alcohol is a tonic or a necessary part of every one's beverage. This is assumed by a large mass of people; and the meaning of the question which your patient puts to you when he says, "What shall I drink?" is not, "Shall I take a stimulant or leave it alone?" but "Shall I drink beer, wine, or spirits?" He often confesses that he is in a great difficulty; he finds none of them agree with him; but that he must take "something" appears as necessary as eating his daily bread; the alternative never having formed part of his calculation. I say it is assumed that a strength-giving property lies in these drinks—that just in proportion to a man's feeling of weakness, so will he require one of them: in ordinary health he may not only want his beer; but if ill, his wine; and if very ill, his spirits. Now this popular opinion is shared in, I am sorry to say, by many in the profession: if the patient is weak he wants "support," this term carrying too frequently with it the necessary idea of wine or spirits. I should be sorry to say that the doctor panders to the public taste, since he is too often already in accord with it; but the consequence of such agreement between patient and medical man resolves itself into this, that an extra stimulant is prescribed. You might ask to what complaints do I refer when I speak of this too common advice; but I need only repeat the word "patient," for it matters little what is the nature of the disease, since the reasons for the treatment are applicable to all complaints, and are founded on this simple proposition: all persons who are ill are weak; they have lost strength; they require it to be restored; alcohol is a supporter and a tonic, therefore alcohol is a remedy for all diseases. This is no parody, for I have heard the argument set forth in some such words; and practically it is adopted by many, for I constantly hear medical men say they give brandy

to all their patients, for they always find them "low." Brandy, indeed, becomes with some as much a universal remedy as revalenta, chlorodyne, Morison's pills, or any other quack medicine. Moreover, it is a medicine of which the patients approve, assuming as they also do its supporting and strength-giving powers. You therefore cannot do better, if you fear no compunctions in converting your profession into a mere trade, to say to all your patients, after feeling their pulse, that they are very low—that you are sure they do not take enough; and order them several glasses of wine daily. Should they be exceedingly ill with some desperate organic complaint, then you must turn your remarks to the friends, and speak of the necessity of supporting the patient by giving him as much brandy as can be poured down his throat. By this method you are sure to give "satisfaction:" for should the patient die without such treatment, you may have the credit of letting him slip "through fingers;" whilst, if he die with it, you have done your best. If you kill a dozen patients with brandy, you need have no fear—"you have done your best." This, I say, would be a very comfortable and lucrative mode of practice.

It may very fairly be asked, if alcohol be so potent a remedy that it can supersede all drugs in so many several cases of disease, is not this a reason why brandy-treatment should be adopted with some consideration? The want of caution in its use is owing, no doubt, to its entering so frequently into the daily diet; and thus alcohol is not reckoned amongst the same class of agents as that of medicines. On the bed-cards in this hospital there is one column for the medicines, and another for the diet. Before filling up the one, we discuss the benefits of giving our patients a few drops of henbane or ether; and in the other column we often write down any number of ounces of brandy with very little thought of its effect. If alcohol were transferred to the medicine side of the card, we should be more likely to discuss its value in any given case in the same manner as we do the various drugs in the *Pharmacopœia*.

It would require a whole course of lectures to dwell upon the beneficial or baneful effects of alcohol in all forms of disease; and, therefore, I will state, as a result of my own experience, that, like other drugs, it may be beneficial, useless, or harmful. I may remind you of what you yourselves have witnessed—that fevers will do well without this remedy. So wedded, however, are some to the idea of the absolute necessity of stimulants, that they have expressed almost incredulity when they have heard it stated that fevers will terminate favorably without

them. Of course stimulants are often needed; but young persons with typhus and typhoid do far better, I believe, without them. That they make good recoveries on simple milk diet is a fact which my hospital cases prove, and which no arguments can gainsay; and, on the other hand, I have seen a marked improvement take place in some cases where a stimulus had been left off. It is also a fact that in bronchitis I have repeatedly seen improvement after stimulants have been omitted; and, as regards heart-disease, I am convinced that the amount of mischief done by stimulants is immense. In the case of fevers and bronchitis, the weak pulse is often but an indication of extreme capillary congestion, and a stimulus to the heart only aggravates the evil; and in the case of a diseased and weak heart, where repose is indicated, a constant stimulation by alcohol adds immensely to its trouble.

It causes me daily surprise to observe how the effects of stimulation are overlooked. Often have I been called to see a patient apparently dying, sometimes of a nervous disorder, at another time of a liver complaint, and at another of heart-disease. He is lying in bed, where he (or she) has been for some time, and kept alive (as it is said) by brandy; the breath is abominably fetid; the heart's action is so rapid that it is impossible to say whether the organ is diseased or not; the patient refuses food, or if this be taken, it is rejected, and so he is plied with brandy to keep him alive; the body is, in fact, saturated with spirits, or its elements. My first remark on seeing such a case is, that a man cannot live on alcohol; he must take some food or he will die. The correctness of such common-sense remarks is admitted, but qualified with the statement that no solids can be taken, and that if stimulants be omitted it is feared the patient will sink. It is assumed that the constant administration of brandy is necessary for the temporary maintenance of life, and the idea never seems to have been conceived that the stimulation of the heart causes the weak, fluttering pulse, and the stimulation of the stomach a subacute gastritis. Do you ask me what method I adopt? The simplest possible. I withdraw every drop of the stimulant, and in a few hours the irritated stomach is partly restored to its normal condition, the nervous excitement abates, the patient takes a little food, and begins to mend. Do you ask, again, whether I do not fear any frightful result from the sudden withdrawal of the stimulus? I say, not the least; I have no fear of the consequences. Not of delirium tremens? Not in the least. This is a disease not induced by the withdrawal of stimulants, but, on the contrary, is produced

by a recent debauch. For the production of delirium tremens the patient must have been such a habitual tippler as to have weakened his brain, and must then have had an overdose of the stimulant to set up the disease. There are no facts to show that the withdrawal of the accustomed drink is attended with any evil results, although I know that an imaginary fear of this kind leads to an erroneous and vicious method of treatment—the plying the patient with a stimulant during the violence of the attack, the effect of which is to prevent or prolong the cure. Rest and repose, with the avoidance of stimulation, is the treatment which the patient requires. So success of digitalis may be mentioned in corroboration of this view. I repeat that there are no facts to show that delirium tremens is produced by the withdrawal of stimulants, whilst it is a fact, as I could illustrate by many cases, that nothing but good results from its absolute discontinuance in the desperate cases to which I have alluded.

That many cases of disease of various kinds would do far better without stimulants I am perfectly confident. But lately I have seen the case of a gentleman, about sixty years of age, who passed through a most severe attack of pneumonia without the use of stimulants. He had been a tolerably free liver, and would not have been called a good subject; but having before me the case of another gentleman of the same age, who had just died of pneumonia, and who had taken a large quantity of brandy, I readily acquiesced in the patient's own view, that none should be given. It is very remarkable what extremes we have reached, and on how slight a scientific bases is founded the treatment of pneumonia. Not many years ago the antiphlogistic method was adopted, including bleeding, antimony, calomel, etc.; then came the "let alone" method; and now we have the brandy treatment. What the need of this can be, with Professor Hughes Bennett's statistics before us, I do not comprehend. My own opinion is (but of course this is only an opinion) that in any given number of cases a larger majority would recover under the old antiphlogistic treatment than by the more modern remedy by brandy. As regards heart-disease, the utmost discrimination is required in the use of stimulants. There are cases where an undoubted benefit is produced by them; but there are others, and these I have seen repeatedly, where alcohol has induced palpitation, fluttering, great distress, and constant sleepless nights, but where, on the other hand, the withdrawal of the spirit, and the substitution of a dose of digitalis or henbane, has been of the most essential service. The administra-

tion of a stimulus, in the attempt to overcome disease, in lieu of good and well-tried remedies, evinces the very worst form of medical scepticism with which I am acquainted.

It is not only in these severe cases of disease, but in lesser troubles, that your recommendation of stimulants may do incalculable mischief. You visit, for example, an ailing lady, and she details to you a number of troubles of a nervous and dyspeptic character. She is sitting in-doors all day, taking no exercise, living well, and consequently drifting into a weak and flabby condition. You place your hand on her pulse, and, finding it feeble, condole with her on her state of health, assure her that she does not live well enough, and order her a few extra glasses of wine or a little brandy.* You find that she grows no better for the advice; but perhaps you never reflect that you have been adding fuel to the fire. Knowing not what to do in the way of treatment, you order her out of town, and she immediately begins to improve. She goes to Brighton, rides on horseback, or walks miles a day on the Parade, regains her appetite, craves less for stimulants, and her health is restored. If, on the contrary, you fail to remove her from her home, she goes on from bad to worse; she takes to her bed, eats less food, drinks more wine and brandy, until, having become one mass of fatty degeneration, life can hold no longer, and death ends the scene. This lady has been killed with kindness. This is no imaginary case; my mind's eye carrying me to the bedside of more than one such instance. Do not then assume that alcohol is equivalent to a tonic, and that it must be necessarily administered because your patient is weak. It may be that very weakness is due to the long-continued pernicious effects of this same stimulant; indeed, as you have often heard me say in the out-patient room, if a man comes into our presence with a tottering gait, bloated face, and his nervous energy all gone, you may be quite sure that he has been taking "strengthening" things all his life.

I will say no more on the subject, as I do not wish to speak demnatory of alcohol as a remedy, since it is one of the most powerful agents we possess to rouse the dormant nervous power.

* The word "little," it must be remembered, has long ceased to maintain its original signification in reference to eating, drinking, and physicking. It would be extremely vulgar were we to be asked at our dinner-tables to take otherwise than a "little" more; and the doctor would not be forgiven by his patient, were he, in detailing the ingredients of his prescription, to state that he had administered the regular dose, but that he had given only a "little" of this or that. When, therefore, a patient is ordered a "little" brandy, the adjective in no way qualifies the amount.

Moreover, I do not wish to speak too dogmatically of its ill-effects, fully aware that there are many holding very distinguished positions in the profession whose opinions are not in accordance with those I have expressed. Were it not for this reason, I should have used still stronger language than I have done; for even firm convictions must be restrained, when we know what an amount of contrary opinion can be arrayed against us. It is, nevertheless, the duty of every one to express his own conviction when that is based on experience, and thus I shall ever feel bound to withstand the indiscriminate use of stimulants in disease.

Whatever may be thought of the remarks just made, there is one thing which I must insist upon—that is, when treating any malady, and the administration of alcohol is suggested to your mind, that you give the same grave consideration to its recommendation as you would to any other potent drug in the Pharmacopœia; not to sit down and give all your serious thoughts to the question of whether a grain of this or a grain of that drug should be ordered, perhaps twenty or thirty drops of ether, and then at haphazard order any loose number of ounces of brandy. You observe that I say nothing against the potency of alcohol in several states of disease; but I do speak strongly against its indiscriminate use, without due consideration of its need or of its results. My arguments would equally apply did I find that opium or any other drug were indiscriminately used as a universal medicine. I should protest against the practice, whilst still possessing great faith in the virtue of the drug. If I can influence you to place alcohol in your list of drugs, so that you may administer it with the same caution as you do the several articles in the Pharmacopœia, then the object of these remarks will be fully answered.—*London Lancet.*

Book Notices.

On Railway and other Injuries of the Nervous System. By JOHN ERIC ERICHSEN, Fellow of the Royal College of Surgeons; Professor of Surgery and of Clinical Surgery in University College; Surgeon to University College Hospital; etc., etc., etc. Philadelphia: HENRY C. LEA. 1867.

This is a neatly published monograph of 103 octavo pages. It comprises six lectures delivered to the students attending

the University College Hospital in the spring of 1866. The first lecture is mainly introductory, and relates to the importance of injuries of the spine and the different views concerning them. The second treats of the effects of severe blows on the spine. The third, of concussion of the spine from slight injuries. The fourth, of concussion of the spine from general shock; and of twists and wrenches. The fifth, of the symptoms and pathology of concussion of the spine. The sixth, of the diagnosis, prognosis, and treatment of injuries of the spine.

Throughout the work, the lecturer has reference to such injuries and concussions as result from railroad accidents and casualties. The frequency of such accidents renders the present work timely and important, to all classes of medical men.

For sale by W. B. KEEN & Co., 148 Lake St., Chicago.

Editorial.

CHICAGO MEDICAL SOCIETY.—The meetings of this society, which have been comparatively well attended during the past year, are now being held once in two weeks. During the past six months, while the meetings have been held once a week, many very interesting specimens of pathological anatomy have been presented, chiefly by those members connected with the public hospitals. The relation of cases, and the discussion of questions of direct practical importance have occupied the chief attention of the Society.

At the last meeting, Dr. EARLE read a report on the treatment of angular curvature of the spine, embracing several cases, with photographic representations of different stages of improvement while under treatment, and an exhibition of the mechanical appliances resorted to with great benefit. The mechanical treatment pursued by Dr. EARLE is essentially the same as that recommended in the small works of Drs. TAYLOR, of New York, and LEE, of Philadelphia.

Dr. DANFORTH, presented a tumor which had been removed

from beneath the chin. It had been over seven years in growing from the size of a small pea to that of a large hickory-nut. It consisted of a dense inorganic formation, apparently of lime, enclosed in a cyst or membrane, with a small quantity of serous fluid. Before removal, it was freely moveable under the skin, and had never occasioned pain or soreness.

Dr. LACKEY reported a case of gunshot wound, in which the ball wounded the median nerve of the arm. After the wound had cicatrized, the hand remained paralyzed and extremely painful, indicating, as was supposed, pressure on the nervous cord at the place of injury. An operation was resorted to, but instead of finding anything pressing on the nerve, close search disclosed a small piece of the lead from the ball imbedded in the nerve. This was removed, and the patient recovered both from the pain and paralysis. Dr. L. thought many of the cases of pain and paralysis following wounded nerves might be the result of the presence of a foreign substance instead of pressure.

Dr. LYMAN related a case seen by him in the Massachusetts General Hospital, in which an elderly woman had the fore-arm amputated below the elbow, for the removal of a paralyzed and terribly painful hand, with which she had been affected four or five years continuously. It had been produced by part of a needle retained in the palm of the hand. Dissection of the hand disclosed half an ordinary sewing needle imbedded beneath the palmar fascia, in such position that each end was in contact with a nerve.

Dr. BRINK read a short paper on the etiology of goitre, suggesting that iodine taken in the various articles of food, etc., was the special cause of the disease.

At a more recent meeting of the Society, Dr. H WANZER reported an interesting case of concussion of the brain from a blow, followed by the discharge of a large quantity of blood, and protracted paralysis of the nerves supplying the muscles and coats of the eyes. This led to an interesting discussion, which was participated in by Drs. Durham, Hildreth, Bogue, and Wanzer. Dr. Hildreth, who saw the case some time after the injury, said it presented a well-marked case of anæsthesia

of the cornea, accompanied by contraction of the pupil, which was relieved by atropia. Dr. Bogue, who attended the patient after he was removed to the County Hospital, thought there had been neither fracture of the skull nor effusion of blood forming a clot on the brain, but that the concussion had seriously disturbed the structure of the brain at the origin of the 5th, 6th, and 7th pairs of nerves. There was at no time decided paralysis of either upper or lower extremities. The patient recovered a fair degree of general health, but the recovery from paralysis of the nerves of the eye and face is incomplete.

Dr. E. L. HOLMES reported a case of amaurosis connected with albuminuria, in which the ophthalmoscope revealed the yellow circular spots and dark granules of extravasated blood, characteristic of such cases. In this case, the rings that are usually yellow were bright red.

Dr. J. S. HILDRETH mentioned a case presenting similar appearances, connected with albuminous urine and pregnancy. He thought the same condition of the retina had also been observed in some cases of diabetes.

Reports in relation to the sanitary condition of the city and the prevalence of diseases, during the months of April, May, and June, were presented by Drs. R. G. BOGUE and N. S. DAVIS. These elicited remarks from Drs. Wickersham, Bevan, and Fitch. One of these reports may be found in the present number of the EXAMINER.

GEORGE K. AMERMAN, M.D.

At a meeting of the Chicago Medical Society, held at the Court House, June 28, Dr. J. P. Ross announced to the Society that a brother member, Dr. GEORGE K. AMERMAN, had departed this life, at Marcellus, N. Y., June 20, 1867. For nearly two years his health had been failing, and in April he had abandoned the practice of his profession, going home to die of consumption. Dr. Ross moved the appointment of a committee to prepare a series of resolutions appropriate to this sor-

rowful occasion. The motion having prevailed, the following gentlemen were appointed by the Chairman: Drs. Ross, Holmes, Bevan, Heydock, and Marguerat. They reported as follows:

Having been informed of the death of their associate, George K. Amerman, M.D., the members of the Chicago Medical Society desire to testify for the deceased their respect, and their feelings of personal loss by these resolutions:

First. That in this affliction we lament the death of one who, long identified with our community, though young in years, was old in professional renown. A man whose life was a career of brilliant success, a Christian in deed, as well as in name, at the height of his reputation, he has now received the crown of immortality.

Second. That to the members of our profession we earnestly commend the example afforded by the life of our departed associate.

Third. That to the surviving relatives of our beloved friend we tender this expression of our sympathy in view of their bereavement, ever desiring with them to bow in humble acknowledgment of the almighty power of that God in whose hand are the issues of life and of death.

Fourth. That a copy of these resolutions be furnished to the relatives of the deceased, and to the medical journals and daily newspapers of the city.

The report of the Committee was accepted.

Dr. Ross then read a technical history of the last illness of the departed brother.

Dr. J. R. Gore, who had known Dr. AMERMAN from infancy, being invited to address the Society, proceeded to relate the following interesting facts concerning his friend:

At the time of his death Dr. Amerman was in his thirty-fifth year. The son of a rural farmer in Central New York, his boyhood was distinguished by fondness for study, and by disinclination to the drudgery of farm work. He was obedient and kind, but *good for nothing* on the farm. He early manifested a passion for teaching, and at the age of sixteen his only ambition was to become a school-teacher. His father, however, proposed that he should study medicine. To this he consented. Placed under the guidance of Dr. Gore, then a practicing physician in Owasco, N. Y., he pledged himself to pursue the study of medicine, subject to the direction of his preceptor, for five years before attempting to commence its practice. He accordingly attended three courses of lectures in the University Medical College of New York, graduating with honor in the spring of 1854. Still acting under the guidance of his preceptor, he secured a position for one year on the resident medical staff of Bellevue Hospital. The next year he became a member of the resident surgical staff of the same hospital. There, in the enjoyment of the friendship and confidence of the most distinguished physicians and surgeons of New York City, Dr. Amerman completed the fifth year of his course of study. At once received into partnership by his former preceptor, and removing to Chicago, he commenced the practice of his profession in 1856. He was appointed Surgeon to the Illinois Central Railroad, an office which he filled with great credit until the time of his death. He was also one of the Surgeons to the City Hospital, until that institution was closed during the war, and was the leading spirit in the surgical staff of the County Hospital from the time of its renovation until failing health compelled him to surrender his large and lucrative practice.

After listening to the remarks of different gentlemen who

united in eulogizing the memory of the deceased, the resolutions were adopted, and the Society adjourned.

J. P. ROSS, M.D., President.

HENRY M. LYMAN, M.D., Secretary.

ACTION OF THE HOSPITAL BOARD.

At a meeting of the Medical Board of the County Hospital, Chicago, to take action on the death of Dr. GEORGE K. AMERMAN, the following resolutions were adopted:

Resolved, That the members of this Board have heard, with feelings of the deepest sorrow, the death of their colleague, Dr. Amerman, and desire to put on record their high appreciation of him as a gentleman and a surgeon.

Resolved, That in his death the staff of this Hospital has lost a most efficient member, and one most intimately identified with its best interests; that the profession at large has lost one of its brightest ornaments, and our community a most valuable citizen.

Resolved, That we believe his death was the result of too arduous devotion to his chosen calling, and that he has added another to that long list of glorious martyrs who have given up their lives in the cause of suffering humanity.

Resolved, That a copy of these resolutions be sent to his friends at the East, and to the public journals.

R. C. HAMILL, M.D.,
J. P. ROSS, M.D.,
H. W. JONES, M.D.,
THOS. BEVAN, M.D.,
J. R. GORE, M.D.,

H. A. JOHNSON, M.D.,
R. G. BOGUE, M.D.,
CHARLES G. SMITH, M.D.,
H. M. LYMAN, M.D.,
J. S. HILDRETH, M.D.

NEW COLLEGE BUILDING.—On the 28th of May, the cornerstone of the new building for Rush Medical College, was laid with the usual ceremonies of the Masonic Order. An address was delivered by Prof. J. A. ALLEN, and a very good audience was in attendance. The new building is to be on the same lot, and in direct communication with the old one. The recently appointed Professor of Surgery, Dr. MOSES GUNN, formerly of Detroit, has also taken up his permanent residence in this city.

MEDICAL CONVENTION IN WISCONSIN.—We learn that a convention, embracing a large number of the leading physicians of Wisconsin, was held in Janesville, on the 23d and 24th of July. The object was to excite a more active interest in the social organization of the profession in that State. It is a move in the right direction, and we hope to see it followed up vigorously.

MORTALITY REPORT FOR THE MONTH OF JUNE:—

CAUSES OF DEATH.

Below is given the mortality report for the month of June, just ended.

From this report and a comparison of it with the report for the same month of last year, it appears that the city is at the present time in a healthy condition. The number of deaths last year in June was 319—this year 283—decrease, 36.

Accidents,-----	8	Fever, Typhoid,-----	15
Asthma,-----	1	Fever, Child-bed,-----	7
Abortion,-----	1	Fever, Ship,-----	3
Apoplexy,-----	2	Fever, not stated,-----	1
Acute gastritis,-----	2	Hydrocephalus,-----	1
Burned,-----	4	Inflammation of Bowels,-----	5
Cancer,-----	3	Inflammation of Brain,-----	4
Cold,-----	1	Inflammation of Lungs,-----	2
Croup,-----	2	Killed,-----	5
Consumption,-----	35	Marasmus,-----	3
Convulsions,-----	31	Measles,-----	8
Congestion of brain,-----	2	Osteomyelitis,-----	1
Congestion of Lungs,-----	1	Old Age,-----	9
Congestive Chills,-----	1	Poisoning,-----	1
Drowned,-----	12	Paralysis,-----	3
Decline,-----	1	Pneumonia,-----	1
Diarrhœa,-----	2	Palsy,-----	1
Diphtheria,-----	1	Rheumatism,-----	1
Dropsy,-----	8	Suicide,-----	1
Disease of Brain,-----	2	Spinal,-----	4
Disease of Heart,-----	3	Stillborn,-----	13
Disease of Lungs,-----	1	Sunstroke,-----	2
Disease of Kidneys,-----	1	Small-Pox,-----	4
Disease not stated,-----	1	Summer Complaint,-----	9
Dysentery,-----	1	Teething,-----	4
Erysipelas,-----	4	Whooping-Cough,-----	4
Fever, Bilious,-----	1	Unknown,-----	26
Fever, Brain,-----	5		
Fever, Scarlet,-----	8	Total,-----	283

Total number last year for the month of June,-----	319
Total number during the month of June,-----	283
Total number during the month of May,-----	241
Increase,-----	42

DIVISIONS OF THE CITY.

North,-----	64	South,-----	91	West,-----	124	Total,-----	283
Unknown,-----							4

AGES OF THE DECEASED. — Under 5 years, 139; over 5 and under 10 years, 10; over 10 and under 20, 19; over 20 and under 30, 29; over 30 and under 40, 39; over 40 and under 50, 14; over 50 and under 60, 9; over 60 and under 70, 6; over 70 and under 80, 5; over 80 and under 90, 4; unknown, 9. Total, 283.

NATIVITIES.

Chicago,-----	143	Germany,-----	32	Sweden,-----	7
United States,-----	23	Holland,-----	2	Switzerland,-----	1
Canada,-----	5	Ireland,-----	35	Scotland,-----	2
Bohemia,-----	3	Italy,-----	1	Unknown,-----	16
England,-----	4	Norway,-----	10	On Sea,-----	1

Total,-----	283
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SURGEON J. H. BAXTER OF U.S. VOLUNTEERS.—This active and hard working member of the Medical Staff of the Army, has recently been appointed Assistant-Medical-Purveyor, with the rank of Lieutenant-Colonel in the U.S.A. The appointment has been confirmed by the Senate.

CHLORATE OF POTASSA IN PNEUMONIA.—Dr. J. C. MORLEY, of Mississippi, recommends strongly the use of chlorate of potassa in doses of from five to twenty grains, repeated every one or two hours, as a remedy in the treatment of pneumonia. We have used the remedy in the treatment of the more severe attacks of pneumonia for eight or ten years past, and with decided benefit.

MONEY RECEIPTS FROM JUNE 26TH TO JULY 26TH.—J. F. Kelsey, Hortonville, Wis., \$3; F. R. Payne, Marshall, Ill., 3; F. H. Jennings, Marshall, Ill., 3; Nathan Spencer, Marshall, Ill., 3; Daniel Gard, Martinsville, Ill., 3; Jesse Compstock, Westfield, Ill., 3; J. C. Price, Westfield, Ill., 3; W. S. Goodell, Westfield, Ill., 3; J. D. Mitchell, Darwin, Ill., 3; J. A. Patton, Livingston, Ill., 1 50; Henry Biroth, Chicago, 1 50; John O'Reilly, New York, 3; A. E. Van Deventer, Oswego, Ill., 3; John D. Cope, Fairfield, Ill., 3.


Charity Hospital Medical College,

CLEVELAND, OHIO.

FACULTY.

JAMES DASCOMB, M.D., Professor of Chemistry and Toxicology.
 GUSTAV C. E. WEBER, M.D., Professor of Clinical Surgery.
 L. FIRESTONE, M.D., Professor of the Principles of Surgery.
 W. J. SCOTT, M.D., Professor of the Principles and Practice of Medicine.
 R. N. BARR, M.D., Professor of Anatomy.
 A. METZ, M.D., Professor of Ophthalmology.
 J. STRONG, JR., M.D., Professor of Materia Medica and Therapeutics.
 HENRY J. HERRICK, M.D., Professor of Obstetrics and Diseases of Women and Children.
 W. H. JONES, M.D., Adjunct Professor of Anatomy.
 CONWAY W. NOBLE, Esq., Professor of Legal Medicine.
 JACOB STAMP, M.D., Demonstrator of Anatomy.
 DANIEL B. SMITH, M.D., Prosector to the Chair of Clinical Surgery.
 GUSTAV C. E. WEBER, M.D., Dean.
 W. J. SCOTT, M.D., Treasurer and Registrar.

The next Session will commence on Wednesday, Oct. 2d, 1867.

 For further information apply to the Dean.

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